

SYLVIE RATELLE STD/HIV PREVENTION TRAINING CENTER OF NEW ENGLAND

THREE-DAY STD INTENSIVE CLINICAL COURSE ---APPLICATION FORM---

Please fill out this form and indicate course dates for which you would like to be considered.

The information requested in this application is confidential and will be used for program purposes only.

MASSACHUSETTS GENERAL HOSPITAL, BOSTON

☐ February 23-25, 2009 ☐ May 11-13, 2009 ☐ September 21-23, 2009 ☐ November 16-18, 2009

RACE/ETHNICITY: ☐ White, non-Hispanic ☐ Black, non-Hispanic ☐ Hispanic/Latino/Chicano ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other _____

Name

Title/Position

Department/Division

Healthcare Organization

Office Address

City State Zip

Telephone Fax Email

Home Address

City State Zip

Telephone Fax Email

The Sylvie Ratelle STD/HIV Prevention Training Center of New England is committed to training new and experienced clinicians from New England in the diagnosis, treatment and management of sexually transmitted disease and the prevention of Human Immunodeficiency Virus (HIV). Because of the intensity of the training, with close one-to-one preceptorship, we can only offer this training to a limited number of clinicians. Participation includes the examination and treatment of patients, so some independent clinical practice is assumed. **Selection criteria is based on the ability to use training in daily practice and geographic diversity.** To help us in this process, please fill out the following questions as completely as possible:

- 1) How many hours are you involved in direct clinical care each week? _____
- 2) On average, how many STD 'at risk' patients do you examine in one day? _____
- 3) Of this total number, what percentage is female? _____%
- 4) What percentage of your work time is devoted to treating patients with an STD? _____%
- 5) What percentage of your work time is devoted to family planning services? _____%
- 6) How many times a month do you diagnose: HPV _____ Herpes _____ Vaginitis _____
PID _____ Urethritis _____ Genital Ulcer Disease _____ Chlamydia _____ Gonorrhea _____
- 7) Is there anything that you would like to tell us about your practice?

Have you attended any PTC courses, if so please give name and dates of courses attended:

Please mail or fax your completed application to:

Sylvie Ratelle STD/HIV Prevention Training Center of New England

State Laboratory Institute - 305 South Street, Room 560 Jamaica Plain, MA 02130

Phone: [617] 983-6945 Fax: [617] 983-6962